

Approval Date: March 11, 2009
Revised Date(s): April 11, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Hematopoietic stem cell mobilizer

PROVIDER GROUP: Professional

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Plerixafor injection (Mozobil®)

CRITERIA: Must meet all of the following:

- Patient must have a diagnosis of non-Hodgkin's lymphoma (NHL) or multiple myeloma (MM)
- Must be prescribed by an oncologist
- Must be given in combination with granulocyte-colony stimulating factor (G-CSF) (filgrastim (Neupogen®))
- Patient must be 18 years of age or older
- Patient must NOT have a diagnosis of leukemia

Prior authorizations may be approved for up to 1 (one) year.

Notes: Female patients must NOT be pregnant when starting therapy or become pregnant during treatment. Female patients with reproductive potential must use effective contraceptive methods during Mozobil use